

INCOME CONTINUATION INSURANCE REPORT OF EMPLOYMENT AND EARNINGS

Wis. Stat. § 40.61

	Social Security Number
Employee Name (Last, First, Middle, Maiden)	Birthdate (MM/DD/CCYY)
Employer Name	Employer Number

MM/DD/CCYY

- ☐ Returned to full-time employment _____
- ☐ Will not be returning to work effective _____
(State reason for not returning in Comments section below)
- ☐ Death Date of death _____
- ☐ Returned to part-time employment _____

Part-time work will continue until (attach a copy of the release to return to work) _____

Part-time work expressed as a percentage of full-time employment _____ %

The following table **MUST** be completed for each check date for as long as part-time employment is continued or whenever a local government employee receives vacation, holiday, comp. time or sick leave pay after the selected elimination period.

Check Date:		HOURS	GROSS EARNINGS	Claims Administrator USE ONLY:	
	Present At Work		\$		
	Vacation Paid		\$		
	Holiday(s) Paid		\$		
	TOTAL		\$	X 75% =	\$
	Earned Sick Leave (State Employees Only)		\$	X 100% =	\$
	Paid Sick Leave, Comp. Time and Vacation After Selected Elimination Period (Local Employees Only)		\$	X 100% =	\$
	Sick Leave Used (State Employees Only)			TOTAL ICI OFFSET	\$

Comments:

Date (MM/DD/CCYY)	Signature of Employer Representative	Telephone Number ()
-------------------	--------------------------------------	------------------------------